

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporation	ons	<i>;</i>			
SUBJECT: Almost There	e LLC Name of Limited Liability	y Company		-	
DOCUMENT NUMBER:	L13000026594			_	
The enclosed Resignation of For filing.	Registered Agent for a Limite	d Liability Company a	nd fee ar	e submit	tted
Please return all corresponden	ce concerning this matter to t	he following:			
Judd Brazer					
Name of	f Person	_			
Satori Waters LLC					
Name of Fir	m/Company	_			
6831 NW 20 Ave					
Add	ress	_			
Fort Lauderdale, FL 33309				~ 3	
City/State ar	nd Zip Code	-		.]	
Judd@satoriwaters.com					, ,
E-mail address: (to be used for	r future annual report notification)	-		5 =	1
For further information concer	rning this matter, please call:		•	-J	3
Judd Brazer	305 at (213-8792	,	u U	
Name of Persor	Area Code	Daytime Telephone N	Jumber	,	
Enclosed is a check made pay liability company or \$25.00 for liability company.	able to the Florida Department or an administratively dissolve	nt of State for \$85.00 t ed, voluntarily dissolve	or an acted or wit	ive limit hdrawn	ted limited
MAILING ADDRESS:	STRE	ET ADDRESS:			
Registration Section	-	Registration Section			
Division of Corporations P.O. Box 6327		on of Corporations n Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	. Florida Statutes, the undersign	ed,		
Poymond J Dilulio Name of Registered Agent			, hereby resigns as		
D 14 46	Almost There Ll				
Registered Agent for			- Ap-,		-
	Name of Limi	ted Liability Company			_,
L13000026594					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the al	pove listed limited liability com	pany at its last known	address	
The agency is terminated	d and the office discor	Signature of Resigning Agent	date on which this sta	atement :	is filed.
If signing on behalf of a	n entity:				
	Ту	ped or Printed Name	 :	- n	
		Capacity		. ;	:
				- 	
	FILING \$ 85.00	FEES: Active limited liability compa	iny	10 .7	
	\$ 25.00	Active limited liability compa Administratively dissolved/ v withdrawn limited liability co	oluntarily dissolved/ ompany	ر. د	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314